

ETHICS TRAINING CERTIFICATION

I, _____ (PLEASE PRINT YOUR NAME), of
_____ (Office and Office Code, i.e., HR-220), certify
that I have received Ethics Training for calendar year 2004. I understand the ethics
concepts and principles presented during this training. I know that I can contact my
Assistant Ethics Counselor by telephone, email, or in person with questions about this
training or other ethics inquiries.

Signature:

Date of the training:

Type of training taken (satellite broadcast, computer based training modules, live
presentation, videotaped presentation):

Who was the training instructor?

Please return this Ethics Training Certificate to:

Teresa Milner

Email: NCS_Ethics@blm.gov

Mailing Address:

Bureau of Land Management

National Human Resources Management Center, HR-220

Denver Federal Center, Building 50

P.O. Box 25047

Denver, Colorado 80225-0047